

DEPARTMENT OF VETERANS AFFAIRS

Regional Office
1700 Clairmont Rd
Decatur, Georgia 30033



June 23, 2005

In Reply Refer to: 316/21PC/
C.

John Peterson
737 HWY 26
Elko GA 31025

Dear Mr. Peterson:

This is in response to your request for a letter to use in obtaining a Georgia homestead tax exemption.

Records in this office reflect that you served under honorable conditions and have been rated 100 percent disabled due to **service-connected** causes. Your rating is considered permanent and total under disability rating criteria established by the Department of Veterans Affairs.

Sincerely,

A handwritten signature in cursive script, reading "Kathleen R. Sullivan".

KATHLEEN R SULLIVAN

Veterans Service Center Manager





Department of Veterans Affairs

PO BOX 100021
DECATUR GA 30031-7021

16

July 24, 2000

IN REPLY REFER TO:

JOHN K PETERSON
1194 BRIARCLIFF RD
MACON GA 31211

FILE NUMBER:

PAYEE NO 00
J K PETER

We amended your disability compensation award as follows:

MONTHLY RATE	EFFECTIVE DATE
\$2068.00	5-01-99
\$2116.00	12-01-99
\$2036.00	9-26-12

Because your service-connected disability worsened, we increased your evaluation:

Condition	New	%
POST-TRAUMATIC STRESS DISORDER		70

The combined evaluation for all your service-connected disabilities is 80%.

You are entitled to receive compensation at the 100% rate because you are unemployable due to service-connected disability. If you resume employment, you must tell VA as quickly as possible.

We included additional benefits for your child. You must tell us immediately if there is any change in the number or status of your dependents. Your failure to quickly tell VA of a dependency change will result in an overpayment which must be repaid.

We included a cost-of-living increase in this award effective December 1, 1999.

IMPORTANT - SEE REVERSE FOR PROCEDURAL AND APPELLATE RIGHTS
KEEP THIS LETTER FOR FUTURE REFERENCE

ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

1. NAME (Last, First, Middle) PETERSON, JOHN KENNEDY		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO.	
4.a. GRADE, RATE OR RANK SGT		4.b. PAY GRADE E05		5. DATE OF BIRTH (YYMMDD)	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY ATLANTA, GA		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) CUSSETA, GA			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND USA MEDDAC HSC, HS		8.b. STATION WHERE SEPARATED FORT STEWART GA 31314-5000			
9. COMMAND TO WHICH TRANSFERRED USAR CRTLP (REINF) ARPERCEN, 9700 PAGE BLVD, ST LOUIS, MO 63132		10. SGLI COVERAGE Amount: \$ 200,000.00			
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 9102P RESPIRATORY SPECIALIST --1 YRS-1 MOS// 9102P MEDICAL SPECIALIST --5 YRS-3 MOS// NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date Entered AD This Period		1988	07
		b. Separation Date This Period		1994	04
		c. Net Active Service This Period		0005	00
		d. Total Prior Active Service		0000	00
		e. Total Prior Inactive Service		0000	00
		f. Foreign Service		0000	00
		g. Sea Service		0000	00
h. Effective Date of Pay Grade		1993	01	01	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY ACHIEVEMENT MEDAL//ARMED FORCES EXPEDITIONARY MEDAL (PANAMA)//ARMY LABEL BUTTON//ARMY SERVICE RIBBON//ARMY GOOD CONDUCT MEDAL (1ST AWARD)//KUWAIT LIBERATION MEDAL//NCO PROFESSIONAL DEVELOPMENT RIBBON//NATIONAL DEFENSE SERVICE MEDAL//CON'T IN BLOCK 18					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) EMERGENCY MEDICAL TECHNICIAN NATIONAL REGISTRY, 7 WEEKS, DEC 1989//DRIVERS TRAINING, 1 WEEK, FEB 1990//PRIMARY LEADERSHIP DEVELOPMENT, 4 WEEKS, FEB 1992//RESPIRATORY SPECIALIST, 6 WEEKS, FEB 1993//MEDICAL SPECIALIST, 10 WEEKS, DEC 1988//NOTHING FOLLOWS					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
		X		X	
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION		Yes	No	16. DAYS ACCRUED LEAVE PAID 37.5	
18. REMARKS IMMEDIATE REENLISTMENT THIS PERIOD--19880720-19910620//SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 19870917-19880719//DATA HEREIN SUBJECT FOR COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//CON'T FROM BLOCK 13: SOUTHWEST ASIA SERVICE MEDAL WITH 2 BRONZE SERVICE STARS//COMBAT MEDICAL BADGE//EXPERT BADGE (GRENADE)//EXPERT FIELD MEDICAL BADGE//PARACHUTIST BADGE//PARACHUTIST BADGE WITH 1 BRONZE SERVICE STAR//SHARPSHOOTER BADGE (RIFLE)//NOTHING FOLLOWS					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 106 LEE ST CENTERVILLE, GA 31028		19.b. NEAREST RELATIVE (Name and address, include Zip Code) KRISTI PETERSON, 106 LEE ST CENTERVILLE, GA 31028			
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS		Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) D. S. WALLACE, GS-7 CHIEF	
21. SIGNATURE OF MEMBER BEING SEPARATED					

TYPE OF SEPARATION LEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE <i>A</i>	
25. SEPARATION AUTHORITY AR 635-200, PARA 6-3B		26. SEPARATION CODE MDR	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION HARDSHIP			
29. DATES OF TIME LOST DURING THIS PERIOD NONE			30. MEMBER REQUESTS COPY 4 <i>[Signature]</i>



Department of Veterans Affairs

**REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING
SURVIVORS' AND DEPENDENTS' EDUCATION ASSISTANCE**
(Under Provisions of Chapter 35, Title 38, U.S.C.)

INTERNET VERSION AVAILABLE

You can submit this application over the Internet at the following site: www.gibill.va.gov**PART I - ALL APPLICANTS**

1. NAME OF APPLICANT (First, Middle initial, Last)

John K. Peterson

2A. VA FILE NUMBER

2B. SUFFIX LETTER

3. NAME OF VETERAN (First, Middle initial, Last)

4A. VETERAN'S SOCIAL SECURITY NO.

4B. APPLICANT'S SOCIAL SECURITY NUMBER

5. MAILING ADDRESS (Number and street or rural route, city or P.O., State and 9 DIGIT ZIP Code)

6. IF YOU ARE OR HAVE EVER BEEN ON ACTIVE MILITARY DUTY, GIVE THE DATE (MONTH, DAY, YEAR) YOU BEGAN THIS ACTIVE DUTY

7A. THIS QUESTION IS FOR FEDERAL CIVILIAN EMPLOYEES OF THE UNITED STATES GOVERNMENT. IT IS NOT FOR ACTIVE DUTY PERSONS OR WORK-STUDY RECIPIENTS. IF YOU ARE A CIVILIAN EMPLOYEE OF THE FEDERAL GOVERNMENT, CHECK "YES" IN THIS ITEM. THEN COMPLETE ITEM 7B.

☐ YES ☐ NO

7B. (ONLY COMPLETE THIS BLOCK IF YOU CHECKED "YES" IN ITEM 7A). IF YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE, YOU MUST CHECK "YES." THEN DESCRIBE IN DETAIL THE SOURCE OF THESE FUNDS. PLACE THIS INFORMATION IN ITEM 15, REMARKS.

☐ YES ☐ NO**PART II - SPOUSES AND SURVIVING SPOUSE ONLY**

8. IF YOU ARE THE SPOUSE OF A DISABLED VETERAN, IS A DIVORCE OR AN ANNULMENT PENDING?

☐ YES ☐ NO

9A. IF YOU ARE THE SURVIVING SPOUSE, HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN?

9B. DATE THAT YOU REMARRIED (Month, Year)

☐ YES ☐ NO (If "Yes," complete 9B)**PART III - YOUR PROGRAM**

10. WHAT IS YOUR SPECIFIC EDUCATIONAL OR CAREER GOAL?

11. HAVE YOU SELECTED THE SPECIFIC PROGRAM OF EDUCATION YOU PLAN TO TAKE? (If "Yes", list each diploma and specific degree or vocational course you need to reach the final degree or occupation shown in Item 10. If "No", leave this item blank.)

☐ YES ☐ NO

12. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary)

☐ COLLEGE OR OTHER SCHOOL☐ CORRESPONDENCE (Spouses and Surviving Spouses Only)☐ COOPERATIVE TRAINING☐ APPRENTICESHIP OR ON-THE-JOB TRAINING☐ I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST

13A. NAME AND ADDRESS (City, State and ZIP Code) OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT

13B. NAME AND ADDRESS (City, State and ZIP Code) OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT

14. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR OLD SCHOOL OR ESTABLISHMENT

15. REMARKS (If more space is needed, use the reverse or attach a separate sheet of paper)

CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

16A. SIGNATURE OF APPLICANT (DO NOT PRINT)

16B. DATE SIGNED

**Gilbert Silverman, MD FAAP
FAACAP**

Diplomate American Board of Pediatrics
Diplomate American Board of Psychiatry and Neurology in:
General Psychiatry, Child and Adolescent Psychiatry

Clinical Professor(retired) MCV-VCU

October 3, 2010

**Ministerio Publico
Chapala, Jalisco**

Re: United States

This is to attest that John Kennedy Peterson of Chapala, a United States citizen and a Psychiatrically Disabled Veteran of the Iraq War is known to me He has a diagnosis of Post Traumatic Stress Disorder.

I can give you no further information because of the rules disclosure of the Department of Veterans Affairs of the United States Government.

Gilbert Silverman

**Gilbert Silverman, MD FAAP
FAACAP**

C.P.119519

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Gilbert Silverman, MD FAAP FAACAP

Diplomate American Board of Pediatrics
Diplomate American Board of Psychiatry and Neurology in:
General Psychiatry, Child and Adolescent Psychiatry

Clinical Professor(retired) MCV-VCU

October 15, 2010

To whom it may concern:

I have been acquainted with John Kennedy Peterson from since June 6, 2008 until last seen on September 27, 2010.

Yours truly,



Gilbert Silverman

C.P.119519

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